

## Report Period # 3

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

[illegible]

This page may be copied or duplicated if additional space is needed.



Thomas F. Christensen

Senate

8

Name (print)

Office (If applicable)

District (If applicable)

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Thomas F. Christensen

Senate

8

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A-365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Passkey Systems 4395 Polaris Ave. Las Vegas, NV 89103	D	10/28/02	1,049.40
Thomas F. Christensen 1000 S. Valley View Las Vegas, NV 89107	J repay loans	12/20/02	5,806.26

This page may be copied or duplicated if additional space is needed.



Thomas F. Christensen <small>Name (print)</small>	Senate <small>Office (if applicable)</small>	8 <small>District (if applicable)</small>
--	---	--

## IN KIND

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
Stewart, Archibald & Barney 7881 W. Charleston #250 Las Vegas, NV 89117	1/3/03	report preparation	200.00	

This page may be copied or duplicated if additional space is needed.

Thomas F. Christensen <small>Name (print)</small>	Senate <small>Office (if applicable)</small>	8 <small>District (if applicable)</small>
--	---	--

## IN KIND

### Contributions of \$100 or Less

DATE OF EACH IN-KIND CONTRIBUTION	DESCRIPTION OF IN-KIND CONTRIBUTION	VALUE OR COST OF EACH IN-KIND CONTRIBUTION

This page may be copied or duplicated if additional space is needed.

Thomas F. Christensen	Senate	8
Name (print)	Office (if applicable)	District (if applicable)

## IN KIND

### Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

This page may be copied or duplicated if additional space is needed.



**IN KIND CAMPAIGN  
EXPENSES**

Report Period: # **3**

Thomas F. Christensen

Senate

8

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND**

**Expenses of \$100 or Less**

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362